



MARYLAND HEALTH CARE COMMISSION

INSTITUTIONAL REVIEW BOARD

Data Request Application

Introduction

The *Maryland Health Care Commission* (MHCC) is required by law to report overall health care spending by major health care service categories. To support reporting and health planning responsibilities, MHCC was given the authority to collect and maintain information on non-hospital services provided to Maryland residents by physicians, prescription drugs, and post-acute care services, as well as data on DC hospital inpatient admissions by Maryland residents. Researchers and other users may request any of the data items from the various data systems. Prior to the release of data, the requestor must enter into a contract with MHCC and is subject to assessment by MHCC's Institutional Review Board (IRB).¹

The IRB application must be answered in detail and supplemental information may be requested during the application process. A favorable recommendation by the IRB for data release must receive majority approval from the commissioners representing MHCC at its monthly public meeting. Requests for information from students must have the endorsement of the educational institution the student attends.

The following data systems require IRB approval:

Medical Care Data Base (MCDB)

- **Professional Services** - Data on services provided by health care professionals is collected annually from private insurance companies and HMOs that provide coverage to residents of the State of Maryland.
- **Prescription Drugs** – Data collected by prescription benefit management companies on prescription drugs purchased from retail pharmacies and covered under private insurance plans is submitted by private insurance companies and HMOs that provide coverage to residents of the State of Maryland.
- **Acute Care Data Base**
Data on discharges from Maryland acute care hospitals is reported on an annual basis.
- **Sub-Acute Care Data Base**
Data on discharges from subacute care units of Maryland acute care hospitals is reported on a quarterly basis.
- **District of Columbia Hospital Discharge Data Base**
Data on inpatient hospital stays in DC hospitals as reported to the Health Services Cost Review Commission under its rate setting authority and in cooperation with the DC Hospital Association.

¹ A copy of COMAR 10.25.11 is available at <http://www.dsd.state.md.us/comar/> Click **1** under Search Options - enter 10.25.11.04 and click search – click 10.25.11.04.htm (underlined in red under "Search Results" to view full text.



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Application Process

Part A –Complete **organization, key personnel, and funding** information.

Part B –Explain **study purpose, content, goals, and time frame**.

Part C –Review & sign **MHCC Agreement for Use of Data**.

Part D –Review & sign **Statement of Confidentiality**.

Part E –**Certification of Data Destruction Form**.

Part F –**MHCC Data Sources w/ list of available data elements** ↓

- ① Medical Care Data Base Professional Services
- ② Medical Care Data Base Prescription Drugs
- ③ Maryland Subacute Survey
- ④ DC Hospital Discharge Data Base

Note: Extract available on CD in two formats:

- (1) Zipped SAS Data File
- (2) Zipped Microsoft Access File
- (3) Zipped Microsoft Excel File

MHCC STAFF

CONTACT

DAVID SHARP, PH.D.

410-764-3578

INSTITUTIONAL REVIEW BOARD REPRESENTATIVES

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MARYLAND HEALTH CARE COMMISSION

Data Request Application

Start Date of Study	End Date of Study
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PART A

Study Title

Organization Name

Organization Address (street, city, state, Zip Code)

Phone

Fax

Email

Principal Investigator (Name & Title)

Principal Investigator Address (include street, city, state, zip code)

Phone

Fax

Email

Co-Investigator #1 (Name & Title)

Describe association of co-investigator #1 to principal investigator.

Describe the responsibility of co-investigator #1 in research activities.

Explain method for assigning co-investigator #1 data access.

Co-Investigator #1 Address (If different than principal investigator)

Phone

Fax

Email

Co-Investigator #2 Investigator (Name & Title)

Describe association of co-investigator #2 to principal investigator.

Describe the responsibility of co-investigator #2 in research activities.

Explain method for assigning co-investigator #2 data access.

Co-Investigator #2 Address (If different from principal investigator)

Phone

Fax

Email

Co-Investigator #3 (Name & Title)

Describe association of co-investigator #3 to principal investigator.

Describe the responsibility of co-investigator #3 in research activities.

Explain method for assigning co-investigator #3 data access.

Co-Investigator #3 Address (If different than principal investigator)

Phone

Fax

Email

Describe the funding source for this project.

Will support organization(s) be involved? (If yes, please explain in detail.)

PROJECT STATUS (NOTE: "Insert" key must be on to overwrite box with "X").

New Protocol <input type="checkbox"/>	Continuation w/ changes <input type="checkbox"/>	Grant <input type="checkbox"/>	Academic <input type="checkbox"/>	OTHER, please explain. <input type="checkbox"/> _____
------------------------------------------	--------------------------------------------------------	-----------------------------------	--------------------------------------	----------------------------------------------------------

PART B

(NOTE: "Insert" key must be on to overwrite box with "X").

(1) WHAT SENSITIVE DATA ELEMENTS WILL BE INCLUDED IN YOUR STUDY?

<input type="checkbox"/> Patient Identifier	<input type="checkbox"/> Patient Covered by Other Insurance
<input type="checkbox"/> Patient Zip Code	<input type="checkbox"/> Coverage Type & Delivery System
<input type="checkbox"/> Practitioner Zip Code	<input type="checkbox"/> Practitioner Specialty Designation
<input type="checkbox"/> Procedure Codes	<input type="checkbox"/> All of the listed elements
<input type="checkbox"/> Diagnosis Code	

(2) WHICH OF THE FOLLOWING NON- INSTITUTIONAL SERVICES WILL BE INCLUDED IN YOUR STUDY?

<input type="checkbox"/> Physicians
<input type="checkbox"/> Non-physician health care professionals
<input type="checkbox"/> Free-standing laboratory, radiology, surgical centers
<input type="checkbox"/> Durable Medical Equipment

(3) WHICH OF THE FOLLOWING SERVICES WILL BE INCLUDED IN YOUR STUDY?

<input type="checkbox"/> Fee for Service
<input type="checkbox"/> Specialty Care Capitated Services
<input type="checkbox"/> Both

(4) WHICH OF THE FOLLOWING DATA CATEGORIES WILL BE INCLUDED IN YOUR STUDY?

<input type="checkbox"/> Billing/Reimbursement	<input type="checkbox"/> Practitioner Specialty
<input type="checkbox"/> Coverage Type	<input type="checkbox"/> Type of Bill
<input type="checkbox"/> Delivery System Type	<input type="checkbox"/> Type of Service
<input type="checkbox"/> Modifiers I, II	<input type="checkbox"/> All of the listed elements
<input type="checkbox"/> Place of Service	

(5) WILL YOUR STUDY BE GEOGRAPHICALLY- SPECIFIC TO:

<input type="checkbox"/> _____ Name of County
<input type="checkbox"/> Statewide

(6) WILL YOUR STUDY BE DATA- SPECIFIC TO:

<input type="checkbox"/> Practitioner Specialty
<input type="checkbox"/> Other Specialty _____
<input type="checkbox"/> Both

(NOTE: "Insert" key must be on to overwrite box with "X").

(7) WILL YOUR STUDY BE PAYER-SPECIFIC?

- ☐ Yes, _____
(please explain)
- ☐ No

(8) PLEASE LIST THE TOP TEN
PRACTITIONER SPECIALTY AREAS TO BE
INCLUDED IN YOUR STUDY. (Please provide
attachment if more than 10 specialties.)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

(9) PLEASE LIST THE TOP SUPPLIER SPECIALTY
AREAS TO BE INCLUDED IN YOUR STUDY.

(10) PLEASE INDICATE THE DATA YEAR(S)
TO BE INCLUDED IN YOUR STUDY.

- 1.
- 2.
- 3.
- 4.
- 5.

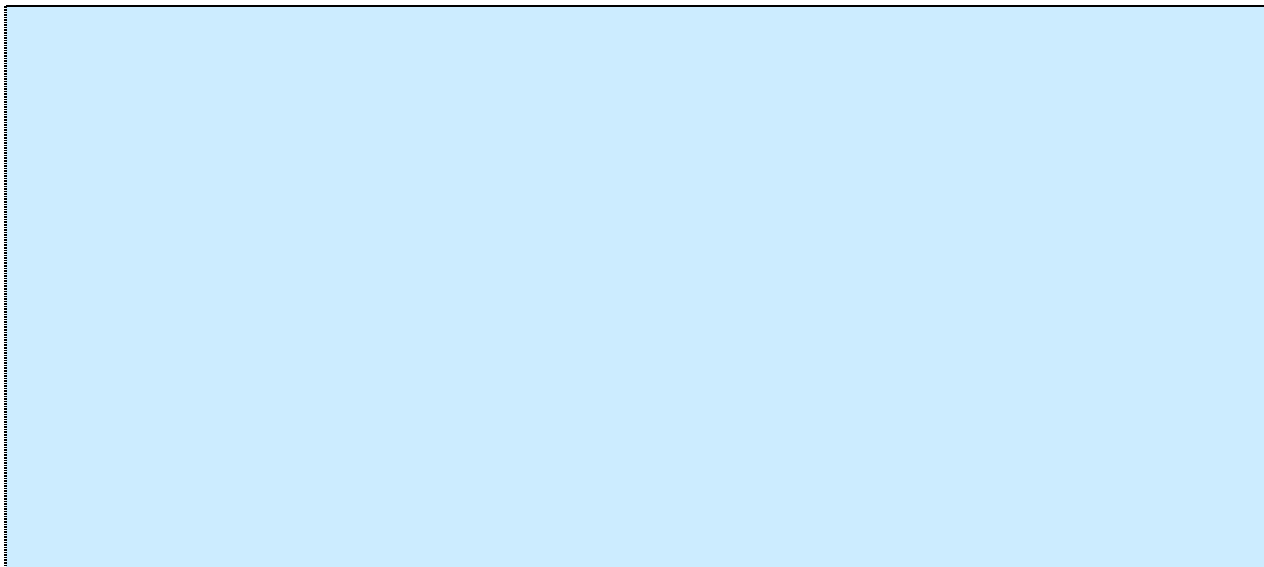
- | | |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> 1998 | <input type="checkbox"/> 2003 |
| <input type="checkbox"/> 1999 | <input type="checkbox"/> 2004 |
| <input type="checkbox"/> 2000 | |
| <input type="checkbox"/> 2001 | |
| <input type="checkbox"/> 2002 | |

(11) PURPOSE OF STUDY, i.e. research objectives, background significance, and hypothesis.



(12) DATA SECURITY MEASURES: Describe the information technology used to maintain health information stored in your office/facility. Your response must include:

- Management of hardware/software
- Methods used for accessing information, i.e. password protection
- Storage of information & security measures to safeguard electronic data from unwanted exposure
- Mode for safe transmittal of physical & electronic data



(13) What service dates will be covered in your study?

Beginning Date (month/year)

End Date (month/year)

(14) What scientific or educational benefits do you anticipate will be gained by performing this study?

(15) Will the results of your study be published or presented in a public forum?

PART C

MHCC AGREEMENT FOR USE OF DATA

ACCORDING TO COMAR 10.25.11.12

1. This is an Agreement between _____, hereafter referred to as "Requestor," and the Maryland Health Care Commission (MHCC). It is for the purpose of ensuring the confidentiality, integrity, and security of data maintained in the MHCC system of records while allowing for a partial, restricted disclosure of enumerated information and/or records to the Requestor, subject to conditions.
2. **Conditions stating Scope of Use:** The Requestor warrants that the facts, statements, and other representations made in its Application to the MHCC Institutional Review Board (IRB) (referred to as "Agreement" hereafter) regarding the projected scope of use of the information and all other aspects of the information are complete and accurate.
3. **Conditions Establishing Safeguards for Protection of Data Confidentiality:** The Requestor warrants that all patient-specific information will be maintained on a password-protected computer and in a locked office. No patient-specific information will be disclosed to any person or entity outside of the parties stated in the application and all supporting documentation. Requestor shall not disclose, release, reveal, show, sell, lease, loan, or otherwise grant access to the data covered by this Agreement except as expressly authorized under the terms of the Application. Within Requestor's organization, access to the data shall be limited to the minimum number of individuals necessary to achieve the purpose and access shall be granted only on a need-to-know basis.
4. **Breach of Agreement:** Any breach of security or any unauthorized use or disclosure of the data provided by virtue of this Agreement shall constitute a breach of the Agreement. Any violation of state or federal law with respect to disclosure of this data shall constitute a breach of this Agreement. Notwithstanding the breaches specifically enumerated above, any other failure by the Requestor to comply with the terms and obligations of this Agreement may constitute a breach of the Agreement. Any alleged failure of the MHCC to immediately claim or act upon a breach does not constitute a waiver of a breach.
5. **Consequences upon Breach of Agreement:** In the event that MHCC, in its sole discretion, has a reasonable belief that the Requestor is in breach of this Agreement, it may choose among the following options: a) to investigate the matter, including on-site inspection for which Requestor shall provide access; b) to resolve the dispute by a plan of correction or other alternative; or c) to declare a breach and demand the return of any and all data released under this Agreement and to provide no further data.
6. **Other Remedies:** Notwithstanding and in addition to the special provisions referenced in paragraph 4. above, MHCC may exercise any and all legal, equitable, and criminal referral remedies in the event of a breach of this Agreement. In the event that MHCC succeeds in a court action to invoke injunctive relief for a violation of this Agreement, Requestor shall pay reasonable attorney's fees and costs to MHCC. Requestor agrees to

indemnify and hold harmless MHCC for any harm to third parties resulting from any breach by Requestor of the terms of this Agreement and to cooperate with the MHCC in its defense of any third party claim involving Requestor's activities under this Agreement.

7. **Rights in Data:** The Requestor agrees that MHCC retains all ownership rights to the data files referenced by this Agreement and does not obtain any right, title, or interest in the data furnished by MHCC. Requestor agrees to provide a copy of its study findings to MHCC prior to publishing. The Requestor must obtain MHCC approval before study findings may be published.
8. **2-Year Retention:** The terms of this Agreement are valid for 2 years from the date of signing and additional time for data use will require Requestor to submit a new IRB application. *Upon expiration of this Agreement, Requestor must provide MHCC with verification that the data has been destroyed (see Part E of this Agreement).*
9. **Modification:** The terms of this Agreement may only be changed by a written modification to this Agreement, or by the parties adopting a new Agreement.
10. **Jurisdiction:** The terms of this Agreement shall be governed by the laws of Maryland and Requestor acknowledges doing business in Maryland and agrees to submit to the jurisdiction of the courts of Maryland in the event of an alleged breach of this Agreement.
11. **Custodian:** The "Custodian" of the files who acts on behalf of the Requestor will be personally responsible for the protection of confidentiality, security of the data, and all other obligations under this Agreement.
12. **Acknowledgements and Signatures.**

The undersigned Requestor hereby attests authorization to enter into this Agreement and agrees to all the terms specified herein.

Name

Name and Title of Requestor Typed or Printed

Date

Signature

The Custodian acknowledges appointment as Custodian of the aforesaid data, files and information on behalf of the Requestor, and agrees personally and in a representative capacity to comply with all of the provisions, conditions, and terms of this Agreement.

Name

Name and Title of Custodian Typed or Printed

Date

Signature

On behalf of MHCC, the undersigned individual hereby attests authorization to enter into this Agreement.

Name

Name and Title of MHCC Representative Typed or Printed

Date

Signature

Ben Steffen, Deputy Director
Data Systems & Analysis
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

PART D

MHCC Statement of Confidentiality

The Maryland Health Care Commission (MHCC) follows strict procedures to protect the confidentiality of information in the data bases it maintains. The undersigned certifies that the confidentiality of information provided from MHCC will be carefully guarded with access limited to only the participants named in this data Application. It is the responsibility of the undersigned to obtain a statement of confidentiality from their organization for the individuals with access to the data supplied by MHCC.

This statement affirms that this application contains no willful misrepresentations or falsifications and that the information provided in this application is true and complete to the best of knowledge and belief.

I fully understand that should the IRB become aware of misrepresentations or falsifications of this organization, this application will be rejected.

Organization Name

Requestor/ Appointed Authority (printed name)

Requestor/ Appointed Authority (signature)

Date

PART E

Please print on Organization Letterhead.

Certification of Data Destruction

I, _____ representing
(Name of Custodian)

_____ certify that the following
(Name of Organization)

Maryland Health Care Commission data records have been destroyed. Please identify destruction method.

(NOTE: "Insert" key must be on to overwrite box with "X").

☐

Professional Services from the Medical Care Data Base

☐

1998

☐

1999

☐

2000

☐

2001

☐

2002

☐

2003

☐

2004

Other _____

☐

Prescription Drugs from the Medical Care Data Base

☐

1998

☐

1999

☐

2000

☐

2001

☐

2002

☐

2003

☐

2004

Other _____

☐

SubAcute Survey

☐

1998

☐

1999

☐

2000

☐

2001

☐

2002

☐

2003

☐

2004

Other _____

☐

DC Hospital Discharge Data

☐

1998

☐

1999

☐

2000

☐

2001

☐

2002

☐

2003

☐

2004

Other _____

This Certificate of Destruction closes the corresponding Data Use Agreement(s).

Organization Name

Requestor/ Appointed Authority (printed name)

Requestor/ Appointed Authority (signature)

Date

PART F

Please specify CD format: ☐ zipped SAS data file ☐ zipped Microsoft Access file ☐ zipped Microsoft Excel file

MEDICAL CARE DATA BASE Professional Services	MEDICAL CARE DATA BASE MCDB Prescription Drugs
Patient ID (encrypted)	Patient ID (encrypted)
Patient Month/Year of Birth	Patient Sex
Patient Sex	Patient Zip Code
Patient Zip Code	Patient Month/Year of Birth
Patient Covered by Other Insurance	NCPDP Number
Coverage Type	Pharmacy Zip Code
Delivery System Type	Practitioner DEA #
Claim Related Condition	NDC Code
Practitioner Federal Tax ID	Drug Compound
Participating Provider Flag	Drug Quantity
Type of Bill	Drug Supply
Claim Control Number	Date Filled (CCYYMMDD)
Claim Paid Date (CCYYMMDD)	Patient Liability
Number of Diagnosis Codes	Billed Charge
Number of Line Items	Reimbursement Amount
Diagnosis Codes 1 thru 10	
Service From Date	
Service Thru Date	
Place of Service	
Service Location Zip Code	
Service Unit Indicator	
Units	
Procedure Code	
Modifier I	
Modifier II	
Servicing Practitioner ID	
Billed Charge	
Allowed Amount	
Reimbursement Amount	
Patient Liability	

Maryland SubAcute Survey	
Identification Number	<i>Other Skin Conditions</i>
Facility ID	Burns (Second/Third Degree)
Length of Service	Open Lesion (Other than Ulcer)
Start of Service	Skin Tears or Cuts (other than surgery-related)
End of Service	Surgical Wounds
Demographic Information	Therapies Provided
Gender	Speech-Language Pathology & Audiology
Race	Occupational Therapy
Estimated Age in Years	Physical Therapy
Ethnicity	Respiratory Therapy
Area (County of Residence)	Special Treatments & Procedures
Zip Code	IV Chemotherapy
Marital Status	Intravenous Med. Admin. (IV Push)
Living Situation Prior to Current Referral	PPO Med. Admin.
Treatment Plan Goal	IM/SQ Med. Admin.
Admission Information	Administration of Nutrients/Fluids
Source of Admission	Hyperalimentation
Principal & Other Diagnoses	Intravenous Fluid Admin.
Principal (ICD-9) Diagnosis on Admission	Tube Feeding
Other (ICD-9) Diagnosis on Admission	Monitoring
End of Service Information	Anticoagulation Monitoring
Early or Unplanned Discharge	Blood Sugar Monitoring
Reason for Discharge	Apnea Monitoring
Discharge Destination	Blood Gas Monitoring/ Pulse Oxymetry
Cognitive Patterns	Cardiac Monitoring
Comatose	Care of Tubes/Catheters (Frequency of Treatment)
Memory/Orientation	Chest Tube Drainage
Cognitive Skills for Daily Decision Making	Other Drainage Tube
ADLS (Activities of Daily Living)	Percutaneous Catheters
Bed Mobility	Tracheotomy Care
Transfer	Indwelling Urinary Catheter/Irrigation
Eating	Peripheral IV, PICC, or Central IV Line
Toilet Use	Other Treatments (Frequency & Total Number of Days)
Skin Condition	Blood Transfusion
Stage 2 (Number of Sites)	Hemodialysis
Stage 3(Number of Sites)	Oxygen Therapy
Stage 4(Number of Sites)	Peritoneal Dialysis
<i>Type of Ulcer</i>	Suctioning
Pressure Ulcer	Surgical Wound Care
Stasis Ulcer	Ulcer Care
<i>Continued in next column</i>	Ventilator Care
	Ventilator Weaning
	Radiation Therapy

WASHINGTON DC/ MARYLAND INPATIENT DATA FILE CROSSWALK

	DC Field Name	MD Field Name	DC Description
1.	fac	HOSPID	HCIA Facility ID used to link tables
2.	dkey		HCIA Patient Identifier used to link tables
3.	fiscalyear		HCFA Fiscal Year
4.	hospstateabbr		Hospital's State abbreviation
5.	patstabbr		Patient's State abbreviation
6.	patcnty		Patient's FIPS County Code
7.	patzip	ZIPCODE	Patient's Zip Code
8.	patzipext		Patient's Zip Code Extension
9.	patcont		Patient Control Number; available to client only (null for competitors)
10.	mrn		Patient Medical Record Number; available to client only (null for competitors)
11.	aged	AGE_DAYS	Age in Days
12.	agem		Age in Months
13.	age	AGE	Age in Years
14.	sex	GENDER	Patient's Sex:
15.	race	RACE	Patient's Race:
16.	asource	SRC_ADM	Admission Source:
17.	atype	NATADM	Admission Type:
18.	ddat	DISCDATE	Date of Discharge
19.	pstat	PAT_DISP	UB-92 Disposition Status:
20.	mdc	MDC	HCFA MDC
21.	dc_drg	DRG	HCFA DRG
22.	rdr		RDRG
23.	servline		HCIA Service Line Codes:
24.	los	LOS	Length of Stay
25.	charge	TOT_CHG	Actual values if client hospital; competitors will have values based on state rules (aggregates will be determined at DRG level)
26.	asourcetype		Admission Source Type:
27.			N = Newborn
28.			O = Other
29.	ppayercode		State-specific Primary Payer Code
30.	pphysdocid	ATTENPHY	Raw Attending Physician ID as submitted
31.	ppx		ICD-9-CM Principle Procedure Code
32.	pdx		ICD-9-CM Principle Diagnosis Code
33.	birthwt	BIRTH_WT	Birth Weight in grams
34.	adat	ADMTDATE	Admission Date / Start of care

	DC Field Name	MD Field Name	DC Description
35.	adx		Admitting (primary) ICD-9-CM Diagnosis
36.	riskc		Risk of Complications (RACI)
37.	riskm		Risk of Mortality (RAMI)
38.	ccflag		1 If patient experienced a complication, 0 Otherwise
39.	mortflag		1 If patient died, 0 Otherwise
40.	routine_chrg		Routine Charge - if client hospital then actual values
41.	icu_ccu_chrg		ICU/CCU Charge - if client hospital then actual values
42.	surg_chrg		Surgical Charge - if client hospital then actual values
43.	lab_chrg	LAB_CHG	Lab & Blood Charge - if client hospital then actual
44.	pharm_chrg	DRUG_CHG	Pharmacy Charge - if client hospital then actual values
45.	rad_chrg	RAD_CHG	Radiology Charge - if client hospital then actual values
46.	resp_chrg	RESP_CHG	Respiratory Charge - if client hospital then actual
47.	therapy_chrg	THRP_CHG	Therapy Charge - if client hospital then actual values
48.	supp_chrg	SUP_CHG	Supplies Charge - if client hospital then actual values
49.	oth_chrg	OTR_CHG	Other Charges - if client hospital then actual values
50.	dx01	PRINDIAG	ICD-9-CM Diagnosis Code
51.	dx02	DIAG1	ICD-9-CM Diagnosis Code
52.	dx03	DIAG2	ICD-9-CM Diagnosis Code
53.	dx04	DIAG3	ICD-9-CM Diagnosis Code
54.	dx05	DIAG4	ICD-9-CM Diagnosis Code
55.	dx06	DIAG5	ICD-9-CM Diagnosis Code
56.	dx07	DIAG6	ICD-9-CM Diagnosis Code
57.	dx08	DIAG7	ICD-9-CM Diagnosis Code
58.	dx09	DIAG8	ICD-9-CM Diagnosis Code
59.	dx10	DIAG9	ICD-9-CM Diagnosis Code
60.	dx11	DIAG10	ICD-9-CM Diagnosis Code
61.	dx12	DIAG11	ICD-9-CM Diagnosis Code
62.	dx13	DIAG12	ICD-9-CM Diagnosis Code
63.	dx14	DIAG13	ICD-9-CM Diagnosis Code
64.	dx15	DIAG14	ICD-9-CM Diagnosis Code
65.	dx16		ICD-9-CM Diagnosis Code
66.	dx17		ICD-9-CM Diagnosis Code
67.	dx18		ICD-9-CM Diagnosis Code

	DC Field Name	MD Field Name	DC Description
68.	dx19		ICD-9-CM Diagnosis Code
69.	dx20		ICD-9-CM Diagnosis Code
70.	dx21		ICD-9-CM Diagnosis Code
71.	dx22		ICD-9-CM Diagnosis Code
72.	dx23		ICD-9-CM Diagnosis Code
73.	dx24		ICD-9-CM Diagnosis Code
74.	px01	PRINPROC	ICD-9-CM Procedure Code
75.	px02	O_PROC2	ICD-9-CM Procedure Code
76.	px03	O_PROC3	ICD-9-CM Procedure Code
77.	px04	O_PROC4	ICD-9-CM Procedure Code
78.	px05	O_PROC5	ICD-9-CM Procedure Code
79.	px06	O_PROC6	ICD-9-CM Procedure Code
80.	px07	O_PROC7	ICD-9-CM Procedure Code
81.	px08	O_PROC8	ICD-9-CM Procedure Code
82.	px09	O_PROC9	ICD-9-CM Procedure Code
83.	px10	O_PROC10	ICD-9-CM Procedure Code
84.	px11	O_PROC11	ICD-9-CM Procedure Code
85.	px12	O_PROC12	ICD-9-CM Procedure Code
86.	px13	O_PROC13	ICD-9-CM Procedure Code
87.	px14	O_PROC14	ICD-9-CM Procedure Code
88.	px15	O_PROC15	ICD-9-CM Procedure Code
89.	px16		ICD-9-CM Procedure Code
90.	px17		ICD-9-CM Procedure Code
91.	px18		ICD-9-CM Procedure Code
92.	px19		ICD-9-CM Procedure Code
93.	px20		ICD-9-CM Procedure Code
94.	px21		ICD-9-CM Procedure Code
95.	px22		ICD-9-CM Procedure Code
96.	px23		ICD-9-CM Procedure Code
97.	px24		ICD-9-CM Procedure Code
98.	pxd01		Days from admit to procedure
99.	pxd02		Days from admit to procedure
100.	pxd03		Days from admit to procedure

	DC Field Name	MD Field Name	DC Description
101.	pxd04		Days from admit to procedure
102.	pxd05		Days from admit to procedure
103.	pxd06		Days from admit to procedure
104.	pxd07		Days from admit to procedure
105.	pxd08		Days from admit to procedure
106.	pxd09		Days from admit to procedure
107.	pxd10		Days from admit to procedure
108.	pxd11		Days from admit to procedure
109.	pxd12		Days from admit to procedure
110.	pxd13		Days from admit to procedure
111.	pxd14		Days from admit to procedure
112.	pxd15		Days from admit to procedure
113.	pxd16		Days from admit to procedure
114.	pxd17		Days from admit to procedure
115.	pxd18		Days from admit to procedure
116.	pxd19		Days from admit to procedure
117.	pxd20		Days from admit to procedure
118.	pxd21		Days from admit to procedure
119.	pxd22		Days from admit to procedure
120.	pxd23		Days from admit to procedure
121.	pxd24		Days from admit to procedure
122.	hospcnty		Hospital County Code
123.	hospname		Hospital Name
124.	prj_factor		Projection Factor
125.	payerdesc		Payer Description

	DC Field Name	MD Field Name	DC Description
126.	county_name		County Name
127.	exp_los		Expected Length of Stay
128.	exp_chrg		Expected Charge
129.	rdrd_desc		RDRG Description
130.	payercode1	PAY_SRC	State-specific payer code. Valid Values:
131.	payersubcode1		Payer subclassification code. Valid Values:
132.	payercode2	PAYER2	Payer 2 - same values as payercode 1
133.	payersubcode2		Payer 2 Subcode - same values as payersubcode 1
134.	payercode3		Payer 3 - same values as payercode 1
135.	payersubcode3		Payer 3 Subcode - same values as payersubcode 1
136.	physdocid1		Physician 1 - attending physician
137.	physdocid2		Physician 2 - second attending physician, primary surgeon
138.	physdocid3		Physician 3 - second other physician or surgeon
139.	apdrg		APDRG
140.	ane_typ		Anesthesia type. Valid Values:
141.	apgar		Infant APGAR 5 Minute score
142.	asa-ps		ASA- PS Class. Valid values:
143.	billtype		Bill type
144.	condition		Condition Code
145.	dob	DOB	Patient's date of birth
146.	employ_status		Employment Status:
147.	emp_nam		Employer's Name
148.	pat_occupation		Patient's Occupation
149.	pat_work_zip		Patient's Work Site Zip Code if Applicable
150.	pat_marital_stat	MAR_STAT	Patient's Marital Status:
151.	pat_wait_snf		Days Patient Waiting Placement to SNF
152.	pat_wait_icf		Days Patient Waiting Placement to ICF
153.	pat_rel_insured		Patient's Relationship to the Insured:
154.	pat_rel_insured2		Patient's Relationship to the Insured Payer 2:
155.	pat_rel_insured3		Patient's Relationship to the Insured Payer 3:
156.	smoking_ind		Smoking Indicator:
157.	not_res		Do not resuscitate Indicator
158.	area_res		Patient's Area of Residence

	DC Field Name	MD Field Name	DC Description
159.		Additional Variables	
160.	gender		
161.	natadm		
162.	race		
163.	src_adm		
164.	mar_stat		
165.	pay_src		
166.	payer2		
167.	pat_disp		
168.	pds		
169.	hospid		
170.	drg		
171.	area_res		
172.	medicare		
173.	dis_mon		
174.	dis_day		
175.	dis_year		
176.			
177.	FILLER		
178.			